

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/530145	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3						
4						
5						
6	1	1	4			
7	1	1				
8	1	1				
9	1	1				
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49						
50						
TOTAL IND.	61					
TOTAL DEP.	60					
TOTAL CLAIMS	12					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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TOTAL CLAIMS								